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☞All Communications must be addressed to R. C. WORD, M. D., Managing Editor.

"Quicquid Præcipies Esto Brevis."

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ORIGINAL AND SELECTED ARTICLES.

NOTES ON THE PECULIARITIES OF SURGICAL PRACTICE IN THE LONDON HOSPITALS.

BY CHARLES N. DIXON JONES, B. S. M. D.,
Surgeon to Woman's Hospital, Brooklyn, N. Y; Fellow New York Academy of Medicine, etc.

To the Editor of the Southern Medical Record:

During my stay in London I have seen many cases and peculiarities of practice which are of especial interest to me as a student of medicine in America. Hoping they may prove of similar interest to your readers I will attempt to describe some of the more important cases which have appeared at the clinics of the different London hospitals.

London possesses no less than twelve regular medical schools, one being devoted to the education of women, each of which prepare students for entering the ranks of the medical profession. Connected with each of these schools there is a fully-appointed hospital, thus affording their students the best possible opportunities for clinical study. In addition to these there are about nineteen important special hospitals, not directly connected with any school, yet affording students opportunities for study in special branches. It is a source of regret to students that there are so many distinct schools distributed in different portions of the metropolis, each of which presents attractions and advantages which claim his attention. It would be desirable to have the distinguished instructors

centered at one or two institutions, as we find it on the Continent, or even in our own country, so that the great body of students could have the benefit of that teaching which is now restricted to those few who constitute the pupils of the several schools to which they are attached. Notwithstanding this fact, it must be conceded that there are certain advantages connected with the arrangement as it now exists. On account of their great number, the several schools have a comparative small number of students, thus affording the instructors the opportunity to become more intimately acquainted with the students, while on the other hand they derive the benefit of personal instruction. Every student may also have the opportunity of holding the position of clinical assistant, post mortem clerk and surgical dresser, certificates of having held these positions being required in order to obtain a degree. The student is also afforded the opportunity of seeing the different operative procedures as practiced at the different hospitals, as well as learning the conflicting opinions and various views as held by men of eminence at the different schools, all tending to endow him with a true liberality of spirit.

Homœopathy maintains but an embryonic existence in England, the regular school being so fairly established this later scion has little opportunity of taking root and assuming a flourishing condition. The London School of Homœopathy has been recently established in connection with the London Homœopathic Hospital, where any one who desires may obtain acquaintance with the principles and practice of the system known as "Homœopathy." They have lectures on materia medica and therapeutris, and the principles and practice of medicine, clinical instruction on these subjects also being given in the hospital. In the circular is announced that "the London School of Homœopathy should supply only that knowledge which cannot be acquired at any other hospital or medical school in Great Britain, viz.: instruction in the homœopathic materia medica and therapeutics, in the principles and practice of homœopathic medicine, and its application in clinical medicine, within the wards of our hospitals." This instruction is available to all students and members of the profession.

MR. LISTER AT KING'S HOSPITAL — I. HOSPITAL.

A case was presented at King's College Hospital which afforded Mr. Lister an opportunity "to illustrate the progress that surgery is making in our period," (I quote his words from notes taken at the time) as well as the importance of clinical teaching in general. The patient, a man aged forty-five years, met with an accident five

months ago. As he lies on the table you observe that the two anterior superior spinous processes of the ilium are on the same level; there is no obliquity of the pelvis, and yet one limb is fully one inch or more shorter than the other. The thigh bone is not continuous. This might be due to different causes, to an accident, or softening of the bone and the growth of a tumor. But on looking over his history we discover that five months ago his foot was caught under a boiler and so rolled and twisted as to cause fracture of the thigh. The limb was put in splints, but at the end of six weeks no union had taken place. At the end of that time we should expect union. Why union has not taken place it is impossible to say; from the obliquity of the fragments we would be led to suspect that muscle is interposed between the fragments. On measurement from the anterior superior spine of the ilium to the external malleolus, the right leg was found to measure $34\frac{1}{2}$ while the left measured but $31\frac{5}{8}$. In measuring the limb Mr. Lister does not place the tape on the limb, but the ends of the tape are held opposite to the points from which the measurement is made in the same vertical plane; in this way the errors due to the irregularities of the surface of the limb are avoided.

As to the treatment.—The tendencies are, when a bone is broken, for new material to be formed for its repair, and this new material partakes more or less of the nature of the injured tissue. How long would you expect this tendency to unite to continue? Bones differ in the rapidity with which they unite, all reparative processes are more rapid in the upper extremity. At the end of six weeks you would expect union. If union does not ensue in this time give a second six weeks; do not despair at the end of the second six weeks. At the end of the third six weeks do not despair. But in this case we have waited five months, and added to this there is a degree of obliquity which is unfavorable to union. At the end of this time we may despair of union taking place. The plaster of Paris dressing has been tried, but failed. Now some other means must be taken to restore the original condition and promote the formation of new material. The method suggested, of rubbing the ends of the bones together, is rarely successful, and this method, if successful, would leave the limb in its shortened condition. The practice of introducing the tenotony knife and dividing the fibrous tissue has failed in most cases. Mr. White, of Manchester, introduced an operation which was very successful, if the patient did not die from the operation. This consisted in cutting down on the bone and taking off the fibrous ends of the fragments, and so converting the fracture into a recent

compound one. This procedure was dangerous, and most of those operated upon died. In the upper limb the operation was less dangerous, but the last case I know of died of pyæmia, so that this operation was abandoned by surgeons. Then there was introduced into physics a new method of treatment, by which the danger can be avoided. What was the danger? In the simple fracture we have a layer of unbroken integument, in the compound an open wound, in which the blood and serum became putrid, and from which there oozed a stinking fluid. Cuvier introduced a piece of wood into the femoral vein of an animal, it soon became putrid. The wood containing some septic material, a similar experiment has been performed by introducing a piece of wood into the medullary canal of a bone. The animal was killed and abscess found in the liver, so we see that the bone is liable to originate a pyæmic process. Now the means of preventing this is the antiseptic treatment. By this method we now obtain better results.

A recent addition has been made to Mr. White's operation; we now drill holes through the fragments of bone and tie them together with silver wire, the wire is left in the wound, but it does not interfere with direct union ; by this operation we get a good result.

The patient was placed under the influence of chloroform. The leg was then sponged off with carbolic acid solution. An elastic tourniquet was placed around the upper part of the thigh. The carbolic spray was directed against the part of the leg where the operation was to be performed.

A superficial incision was made with the knife through the skin and superficial tissues. The extremities of the fragments were then exposed by separating the deeper structures with the periosteum detatcher. By the use of this instrument, although involving more time, there was little or no hemorrhage in the deep seated parts, which would not have been the case if the knife had been used. A piece of muscle was found to be entangled between the fragments. About one-half inch of bone was then sawed off the end of each fragment, after which, by making extension, the fragments could be approximated. A hole was then drilled through the end of each fragment, and through these openings a large silver wire was passed and firmly twisted, thus securing the close opposition of the fragments. The elastic band around the limb was then loosened and the vessels ligatured. The only vessels requiring tying were those situated in the superficial parts, where the incision had been made with the knife. The wound, about six and one-half inches in length, was then closed with silver wire,

two drainage tubes being left in the wound. A piece of oiled silk protective, dipped in carbolic acid solution, was laid over the edge of the wound; over this was placed 20–40 folds of carbolized gauze, and over this the Macintosh pad. The spray was used throughout the operation, during which Mr. Lister frequently washed his hands in a solution of carbolic acid. Another important point was that the carbolic acid solution in which the instruments were kept was changed several times during the operation. Lister's long side splint was used to secure the limb in position. The splint which had been provided for the patient was too long, but Mr. Lister taking an amputating saw in a few minutes had fashioned a splint more suitable to his purpose, thus showing that his skill as a carpenter was no less than his dexterity as an operator. After the limb was dressed it was again measured. Mr. Lister stated that union would take place with only three-quarters of an inch shortening.

WESTMINSTER HOSPITAL — SERVICE OF MR. DAVIS.

Mr. Davis, at his clinic at Westminster Hospital, presented several original methods of treatment. The first case, a middle-aged man, was admitted to the hospital fifteen months previously with a compound comminuted fracture of the leg, situated just above the malleolar. The injury was caused by a dray passing over the leg. Mr. Davis stated that it was a question whether he should amputate the foot or excise the end of the bones. In a somewhat similar case which had occurred in his practice three months ago he had excised the ends of the bone, but up to this time no union has taken place. But in this case the man had asked to have the foot amputated, and it was decided that this would be the wisest course. The wound had cicatrized but the bone had not united, and he proposed to use what he called the coat-sleeve flap, as in some former cases this had afforded him very good results. In this operation the flap is pressed together as you would the mouth of a log, a little button of cicatrix is formed in the center with lines of union radiating from it like spokes from the hub of a cart wheel; by this method he obtained a minimum amount of scar and a maximum amount of pad. After union the stump presents an appearance resembling the end of a round sofa cushion. The patient was anæsthetized and the operation performed as follows: A circular incision was made through the skin just above the malleolar, about two and one-half inches below the line of fracture, so as to allow this amount of skin to form the flap. The flap was dissected from the bone and rolled up in a manner similar to that

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in which we would roll up the end of a coat-sleeve. The fibrous union between the bones was then divided and the foot taken off through the fibrous tissue, thus avoiding the necessity of sawing any bone. The flap was then rolled down in its natural position and the vessels secured with hemp ligatures. No sutures were used to hold the flap in position, the edges simply being puckered together and held in position by means of a loose bandage.

A notable feature of Mr. Davis' clinic is that the spray atomizer is thrown aside to rust, and carbolic solutions and dressings are disregarded. The second case, that of a Sweedish sailor who four months previously had been thrown against the side of a boat in such a manner as to fracture the ulna a short distance below the elbow, at the same time dislocating the radius forward on to the humerus. The injury had been treated by several surgeons, but without favorable results, the arm now presenting a deformity which allowed of but limited motion of the elbow. The ulna presenting a considerable curve forward and the radius riding forward on the humerus.

Mr. Davis had decided to remove the head of the rodius, but thought it might be necessary to remove the whole joint, but would decide this question as the operation proceeded. An incision was made on the outer side of the radius and the head of the bone removed just above the tubercle; this was all that was found to be necessary. The portion of bone was removed without entering the joint, as when the dislocation occurred the head of the radius was thrown out of the joint and new adhesion had been formed. The wound was closed with wire sutures; the limb was then supported by a piece of flexible rubber, no splint being used.

ST. GEORGE HOSPITAL — SERVICE BY MR. PICK.

Case 1. A male patient, aged forty, was admitted to the hospital about four months ago with a compound fracture of the lower part of the leg, involving both tibia and fibula, with the ends of the bones protruding through the wound. His injury was followed by an attack of delirum tremens, this was succeeded by typhoid fever, from both of which he recovered. To these were added cellular inflammation of the injured limb, involving the foot and leg and extending nearly to the knee. After recovering from this, his general condition improved until about two weeks ago when it was discovered that necrosis had taken place in the injured bone. A portion of the diseased bone was removed, but it was found impossible to remove all. As no effort at union followed the operation it was decided to amputate. The limb was thor-

oughly washed with a solution of carbolic acid. A bandage was then wrapped two or three times around the thigh and over this was placed a tourniquet, the carbolic acid spray being used throughout the operation. The knife was then introduced in the front of the knee just below the patella and swept around on either side of the leg so as to form two lateral flaps. The leg was then disarticulated at the knee joint and the arteries were tied with catgut ligatures. The flaps were then approximated by silver wire, and a rubber drainage tube placed in the wound, extending up under the patella, and allowed to project at the posterior angle. A syringe was introduced between the flaps and the wound washed out with carbolic acid solution. The limb was then enveloped in a wad of gauze, consisting of twenty or thirty folds, soaked in carbolic acid solution; over this was placed a roll of dry gauze and a piece of Macintosh, the whole being secured by a muslin roller. Mr. Pick stated that he had abandoned the operation with the long anterior flap on account of its liability to slough. He had used the lateral flaps on a former occasion and had a very good result. In this method the cicatrix formed lies in the depression between the condyles, and is thus protected from injury when the man walks.

The second patient was operated upon by Mr. Dent. Little of the history of the patient was known except that she had a disease of the knee joint which had existed for six months. It had probably originated with necrosis of the femur. The femur was now displaced backward and the deformity was continually getting worse. There was no means of straightening the limb, so that excision of the joint was the only procedure suitable to the case. After the patient was anæsthetized and the parts washed with a solution of carbolic acid, the operation was performed under the carbolic spray. A semi-circular incision was made in front of and below the patella, the flap was then dissected up and the patella removed. The diseased portion of the femur was then sawed off and the upper surface of the tibia removed and the cut surface of bone so approximated that the limb assumed the straight position. After this the wound was thoroughly syringed out; the limb was secured with a posterior, straight splint, before the wound was closed with sutures. The wound was then approximated with silver wire sutures. A drainage tube was then secured in the wound by passing through it one of the wire sutures. Finally, the limb was bound up with carbolized gauze and a Macintosh covering. The limb was further steadied by securing it by means of two lateral splints.

Mr. Dent stated that the bones would unite, producing a stiff limb, which would still be of great service.

ABDOMINAL SURGERY.

BY ARCH DIXON.

Read before the McDowell Medical Society at Hopkinsville, Ky., May 15, 1886.

Until a comparatively recent date, the abdominal cavity was the "terra incognita" of the surgeon, and intra peritoneal surgery was unrecognized except under the direct necessity, and no surgeon was brave enough to encroach upon its domain, save perhaps for the relief of a strangulated hernia. Indeed, had things which are now done every day been so much as even hinted at then, the hints would have been considered to be simply the thoughts of an enthusiast, and any attempt to carry them into effect would have been regarded as insane. Surgeons are now beginning to understand that laparotomy is not such a dreadful thing after all. That it is a capital operation all must admit, but so are many others that no surgeon hesitates to perform, and the idea is rapidly becoming a thing of the past that the peritoneum is a structure which must not be touched. In those cases arising from strictures of the pharynx, æsophagus and cardiac orifices of the stomach, gastrotomy, combined with dilation of the orifices of the stomach, as advocated by Prof. Toretta, of Bologna, has developed a means of affording relief, though not of cure, for a class of diseases, the agony of which, ere their course was run to its unaided bitter end, was beyond description, and oftentimes beyond all the strength of human endurance, and has found for the sufferers a form of euthanasia, at any rate, which enables them to die in peace.

I have recently had a case in which my patient suffered untold agony and died a most horrible death simply because he could not be induced to submit to an operation. There is no longer any hesitancy in regard to the surgical treatment of obstruction as occurring in the intestinal canal. Some of which, in the acute form, give rise to symptoms so identical with those of strangulated hernia that if any external manifestations were present a surgeon would feel bound to explore it, open the body, search for the obstruction and if possible remove it; the same may be said of cases more chronic, with acute symptoms suddenly added, though the prospect of successful operative interference is considerably diminished in these cases, yet it is nevertheless the duty of the surgeon to make it. In cases of wounds of the abdomen, either gun-shot or stab, complicated by a wound of the intestines, the indications are equally as plain and as positive.

If through a wound in the abdominal wall, unwounded intes-

tines be found to protrude, the line of treatment is plain enough. Carefully and thoroughly cleanse the intestine and return it well into the abdominal cavity, and so stitch up the wound in the latter, under antiseptic precautions and dressings, as to place it in the most favorable conditions to heal, and you may reasonably hope to be successful. Should the intestine be wounded, remedy the wound before replacing the bowel, if possible making it leak-tight; this can only be done by turning the peritoneal coat well in, so as to bring together a sufficient amount of peritoneal surface, sewing the rounded edges so closely and so firmly together as to insure their withstanding the pressure of even liquid contents in their passage through the canal, and for this I would recommend Czerney's Modification of Dr. Lembert's Stitch. A case so treated will also generally make a favorable recovery. Without this operative interference your patient will surely die; with it there may happen that recovery uninterrupted takes place, or that the contents of the intestine escapes into the peritoneal cavity producing a speedy and fatal issue, unless the cavity is at once opened up and washed out; or perchance the edges of the intestinal wound may become adherent to those of the wound in the abdomen, thus forming a fecal fistula, which, however unpleasant this may be, is still preferable to death, and moreover by a suitable operation this fecal fistula may be closed. In occlusion of the duct of the gall bladder, either by inflammation or by billiary calculi, the operation of cholecystotomy has been performed so often and with so much success that it may now be classed among the recognized surgical procedures. In no portion of the domain of abdominal surgery has greater progress been effected than in that of renal surgery. For "floating kidney," for "circum renal cysts," for "abscess of the kidney," for "calculus," impacted in the kidney, for carcinama and sarcoma of the kidney, surgical aid has been successfully invoked, until now the kidney has come to be considered as fully subject to the surgeon, the operations of nephrectomy and nephrotomy being of almost daily occurrence.—(Wheelhouse in *British Med. Journal.*)

It may be asked whether commencing or existing peritonitis contra-indicates laparotomy. Fortunately the successes and experiences of Schramm, Boully, Isreal, Schrœder, Kieth, Wells and Dennis, of New York, and others in this country, have already given a negative answer to this question. Peritonitis occurs but rarely after operations compared with its frequency after accidents, and it has in a large number of cases been shown that it rapidly subsides when due to traumatism, after an operation has been per-

formed the abdomen washed and sponged out and drainage established. As regards the operation itself, Bergman says that it is a secondary question to that of diagnosis; that is to say, he does not now hesitate to perform laparotomy in cases in which the symptoms point to an early death, as he did a few years ago. Consequently, as these cases may imperatively demand an operation, the easiest and surest way to get out of the difficulty is to perform laparotomy. This establishes the diagnosis, and if an operation be demanded the first steps have already been taken. The risk to the patients is very much less when the operation is performed before a local peritonitis has become general.—(*Journal Am. Med. Ass'n.*)

Hueter, in his surgery, says that laparotomy, made in cases of traumatic injury to the contents of the abdominal cavity, under antiseptic precautions will absolutely prevent all symptoms of septic peritonitis and the greatest protection which can be afforded in traumatic injuries of the peritoneum is by prophylactic antiseptic laparotomy. The subject of laparotomy for diagnostic purposes was very tersely put by Mr. Lawson Tait, during his recent visit to this country, when on being asked for an opinion regarding the nature of an obscure abdominal tumor he said, "cut the patient open and find out." And it is interesting to know that the patient was cut open and saved by hysterectomy from almost certain death. In his address, as chairman of the surgical committee of the Medical Society of the County of Kings, delivered in October, 1885, Dr. Geo. R. Fowler says: But there is yet room for missionary work before men, and good men, too, can be induced to come out of their shell of conservatism, so called, and with a bold front help to break down the prejudices and misgivings based upon an ill-founded fear of the peritoneum and its behavior under the knife. Dr. Fowler divides the cases calling for exploratory laparotomy into four classes. (1) Cases in which a diagnosis cannot be made without opening the abdomen and exposing the parts to the direct touch, or even the sight, of the surgeon, but in which further interference is thereby shown to be impracticable or uncalled for. (2) Cases in which a provisional diagnosis only can be made, unaided by abdominal incision, and in which but slight additional risk is incurred by an immediate and radically curative procedure, based upon the knowledge thus gained. (3) Cases in which a diagnosis has been made, but in which doubt exists as to the practicability of performing a radical operation; and cases iu which the choice of the particular operation best adapted to the individual case must be decided upon after incision

and exploration. (4) Cases in which the patient's life is in imminent peril, and in which it becoms imperatively necessary to at once locate the lesion threatening life, and to be prepared to act promptly upon the knowledge gained by opening the abdominal cavity. The cases included under the first class are those in which an operation would be impracticable or is uncalled for. It is well known that there are many cases of severe pelvic, or abdominal pain, in which a diagnosis is impossible without an operation, though the symptoms give a strong suspicion of chronic ovaritis or salpingitis. In some cases nothing can be found by an operation to account for the pain and other symptoms, and yet they disappear promptly after the operation. In cases under the second class a partial diagnosis has been made, sufficient with the symptoms to show that the patient's life is in danger and that something must be done. As illustrative of this class of cases, chronic ovaritis or salpingitis, with or without hydro or pyosalpinx, may be cited. In some of these cases, although attended with considerable difficulty in making a positive diagnosis, yet the suspicion amounts almost to a certainty. Here an opening sufficiently large to admit the index finger will clear up the doubt. The third division applies to cases in which a diagnosis has been made, but some doubt still exists as to the practicability of performing a radical operation. In this sense most cases of ovariotomy and hysterectomy may perhaps be looked upon as being, in some degree, exploratory operations, as easily seen by the number of cases in which an operation has been commenced, but abandoned on account of the high improbability of success. Hence the wisdom of always making the incision as if for simple explorative purposes; when, if the operation be found impracticable, the wound to be healed is not so large. Cases of uterine fibroma of small or medium size which, because of exhausting hemorrhage, demand interference, will require a preliminary explorative operation before a choice can be made between simple removal of the appendages or a hysterectomy. Of course, in the greater number of cases removal of the appendages is sufficient and perfectly practicable, but now and then a case is met with in which the only choice is between the more formidable operation and closure of the incision without completing the operation. The fourth and last class includes those cases in which the patient's life is in imminent danger, and something must be done at once both to locate the lesion and to apply means for its relief. And, strange to say, this is the class in which the so-called conservatism is most frequently hown. Illustrative cases of this class are those of rupture of an

extra-uterine pregnancy, of rupture of the pregnant uterus with escape of the fœtus into the abdominal cavity, as reported by Plenio in a recent number of the *Centralblatt fur Gymnækologie*, in which the patient's life was saved. The successes of Bull, Hamilton and others with gun-shot wounds of the intestines are alone sufficient to warrant an explorative laparotomy when such cases occur, and in regard to operations for ruptured extra-uterine pregnancy we need only refer to the successes of Mr. Lawson Tait. The readiness with which the surgeon will have recourse to laparotomy will depend upon the confidence he may have in the relative innocuousness of the operation when properly performed, upon his own experience in abdominal surgery, and in his reliance upon his ability to control the conditions which the abdominal section may develop. I would by no means encourage an indiscriminate and hasty resort to laparotomy, but I can hardly conceive that an intelligent practitioner would come to the conclusion that a disturbance had taken place in the abdominal cavity of so profound a character as to induce him to incise its walls for its relief, without the result amply justifying the procedure. The condition developed may not be found as supposed, or it may prove to be of a character not susceptible of relief, but the operation will have had the result of clearing up a hitherto obscure condition, or of satisfying an operator that he has not denied to his patient any chance of relief; but if it is found to be of a nature susceptible of relief by performing the laparotomy, as I have said before, he has already taken the first step in the direction of securing that relief. From my point of view I am led to think that there is far more danger of operative interference being delayed until the period when it may be of avail has past, than that an unnecessary and hasty operation would be done.

MEMORIAL WREATH FOR THE PROSECUTION IN THE GRAVES MALPRACTICE SUIT.

By LEVI C. LANE, M.D.,
Professor of Surgery in Cooper Medical College, San Francisco.

"*Quod medicinia non sanat, ferrum sanat; quad fernum non sanat, ignis sanat.*"—*Aphorism of Hippocrates.*

The medical profession of California have watched with special interest the case in which Dr. G. W. Graves, of Petaluma, was sued, over a year ago, for alleged malpractice. The cause of action was based on the charge of improper treatment of an injury to the

ankle of a woman—one of those injuries where, despite the utmost care and skill on the part of the surgeon, the perfect use of the joint can never be regained. Though it was proven by written authority, as well as by prominent expert evidence, that the doctor had treated the case properly, and had obtained as good results as are gotten in such injury; yet facts, of which they became cognizant at the very commencement of the trial, have waged against the defendant during this long period a most merciless legal warfare, and one that has had but one parallel in the medical annals of this coast. And the outrage was further intensified by the fact that the plaintiff's family had received unremunerated services, during many years, from Dr. Graves.

Early in the case a compromise could have been effected, but the defendant, with more regard for his professional honor than for his purse, refused every overture of the kind; and, aided by the moral as well as the financial support of the profession, and inspired by the principle which guided our forefathers in their struggle, viz., *millions for defense, but not a cent for tribute*, he has made a resistance that deserves all praise, for a compromise, though it would have saved him money, would have been the signal for many similar suits against others.

The case has been tried three times, the first trial resulting in a verdict for eight thousand dollars against the defendant. This verdict, so at variance with what should have resulted from the evidence, awakened in the mind of almost every physician in this State a feeling of intense indignation and the determined resolve that the outrage should not be submitted to. At once, contributions were freely offered for the defense, amounting in the aggregate to nearly two thousand dollars. With this money additional legal counsel was employed, viz.: Hall McAllister, Esq., and Dr. E. R. Taylor, of this city; and, after no slight effort, the shameful verdict was set aside, and the case re-opened for trial.

At the second trial no decision was arrived at, the jury being divided; but at the third trial justice was triumphant, and victory crowned the side of right in a full acquittal of Dr. Graves.

This verdict, so gratifying to the defendant, is almost as much so to the general profession, of which several of the leading members, besides liberally contributing money, spent some days of precious time in attendance at court, to reach which, the most of them were compelled to travel long distances. But all will now feel more than repaid in the consciousness of having aided in rolling back the flood of injustice which was threatening to ingulf in ruin a professional brother. And besides this feeling of happiness, their united action has taught the lesson, that should a like instance recur, they will be quite as ready for concerted defense again; for, though the lance which they have lately so successfully wielded is laid in its rest yet all will see to it, that its point is kept sharp, and ready for action. All may be assured that this serpent, the foul offspring of communism, as often as it may be evoked from its slimy pool by legal incantations, will be returned again to its festering home without doing other violence than leaving its fangs in those who may conjure it forth. Whenever this Hercules, in

the form of a malpractice suit, is sent forth in quest of golden apples, the profession are determined that he shall return, on this occasion, laden only with apples of Sodom, whose bitterness will leave an interminable writhing in the mouths of those who sent him on such a mission.

The fancy of Schiller has painted a strange scene, in which a young Moor is studying how he may shorten the life of his father he decided the surest plan would be to suddenly fill the old man's heart with intense happiness, and then, in a moment, to overwhelm him with grief and despair; in the course of this suit, this experiment, instead of in fancy, has been exhibited in reality. What wild joy the actors in this prosecution must have tasted when they obtained a verdict for eight thousand dollars; and with what heart-aches they must have been tortured when they saw the glitter of those ducats returning to the pocket of their rightful owner! Some curious psychologist would do well to chronicle how much their life-span has been shortened at its distal end by such experience.

Great praise is due to the attorneys who aided in the defense: Mr. McAllister, too long ago recognized as *facile princeps* at the bar of California, that any new salutations of praise can touch his ear, deserves thanks for snatching sometime from his overworked hours, and ably co-operating in the management which led the way to final victory in the case; and especially, is high credit due to Edward R. Taylor, who, though a graduate in medicine, has chosen the law as his profession; to his untiring work the final result is mainly due; for, besides bringing that special knowledge, which is so valuable in such a case, he threw his heart and soul into the matter, and worked with the zeal and enthusiasm of a personal friend of the medical profession.

The history of this case would be more satisfactory if it could close without reference to certain medical men who allied themselves with the plaintiff, and, as far as it was possible, aided in the prosecution. Some of these men are residents of San Francisco, and gave their evidence by deposition; but the two who were especially active in this work—unnatural as throwing stones at a mother—were present at the trial, and mingled in their evidence an amount of malevolence which has brought on them the universal contempt of the medical profession. Their position now finds a proper parallel in the case of the traitor Benedict Arnold, who, after the close of our Colonial war, being asked by some European for introductory letters to the New World, replied, that he was the only man in Europe who had no friends in America. As Ulysses, in his visit to Hades, being repelled by his old enemy Ajax, learned that the resentments of the dead are eternal, so these men will find that those of the living are no less so. Should they desire to return to the profession, whose altar they have sullied, ignominy, as a flaming sword, will forever prevent them. Such action, whithersoever it may turn, will find no rest; for should it think to find a screen for its offences in the flight of years, it will search in vain, since in the untrodden labyrinths of futurity, there will be found no hidden recess where the finger of infamy will

not follow it; nay, more, death itself will give such action no refuge, since disgrace and dishonor will carve their initials upon its graves-stone as an unfading epitaph.—*Pacific Medical Journal.*

TREATMENT OF PENETRATING GUN-SHOT WOUNDS OF THE ABDOMINAL CAVITY, WITH REPORT OF TWO CASES.

BY JOS. W. HEDDENS, M. D., ST. JOSEPH, MO.

The best method, in my opinion, in testing penetrating gun-shot wounds of the abdominal cavity, is by means of the exploratory incision. My reasons for thinking so, are these: That by this method we are enabled to make a positive diagnosis, to remove all foreign material, to arrest hemorrhage, and to lessen the danger to septicemia. It is not the size of the opening that is of importance. There is very little more danger from a large opening than from a small one. Probably the most important feature in such cases, and certainly the most frequent and certain cause of death, is hemorrhage. It is well known that hemorrhage in the peritoneal cavity is much greater from the wound of a given vessel than from a wound of a similar vessel in other regions, which fact is accounted for by the laxity of the tissue through which the vessel conrses, and the absence of atmospheric influences and pressure.

If this is true, when only a small vessel is injured, we can readily understand how, that when a large vessel is injured, the hemorrhage will prove certain and almost immediately fatal. Even if the hemorrhage is not copious enough to prove fatal of itself, it is always sufficient in amount to endanger life by secondary septic decomposition, which cannot be avoided in any other way than by abdominal section. Besides the question of hemorrhage, much more good can often be accomplished, such as removing foreign bodies, sewing up wounds, intestines, or a removal of a part, or the entirety of wounded organs.

Certain it is that the cases of rccovery by the old or do-nothing plan of treatment are very rare, when Dr. Otis, in the surgical history of the war says that the authenticated cases of recovery can be counted on the fingers of one hand. While a few cases have recovered without operative interference, this fact is not an argument against it; for by its adoption, little, if anything, is added to the serious nature of the injury, and the wounded parts are put in a much more favorable condition for recovery.

The time at which the operation should be performed is also of importance. I do not believe it is the best plan to wait for urgent symptoms to present themselves, but to operate as soon as expedient; for patients thus wounded sometimes die without urgent symptoms, and, moreover, risk would certainly be greater after urgent symptoms have arisen.

To illustrate my conviction, I will report briefly the history of two cases which have recently come under my observation, and

one of which was treated by the old or expectant, and the other by the new or operative plan.

Case I.— Some months since I was called in consultation to see a Mr. T., age about thirty years, who had received a pistol-shot wound in the left inguinal region. He had no special symptoms, very little pain or tenderness, no swelling. I was of the opinion that there was hemorrhage in the abdominal cavity, and insisted upon abdominal section, but neither the attending physician or relatives would consent. He was treated on the expectant plan, and on the fifth day, while doing as well apparently as he had been at any time since receiving the wound, he suddenly died, and at the post-mortem examination it was found that the bowel was wounded, although not perforated, and one of the iliac veins perforated. He died from hemorrhage. Had the operative plan been used in this case, I am confident his chances for recovery would have been much better.

Case II.— Shortly after this I was called to see a Mr. U., age about thirty years, who had received a pistol-shot wound in the epigastric region.

He complained of great pain in the right side and back, and also in the right shoulder. He also had difficulty in breathing. I was of the opinion also that there was hemorrhage in the abdominal cavity. I explained to him and his relatives the serious nature of his injury, and also explained and urged the operative treatment Upon consultation with two other surgeons we agreed that this plan of treatment would give the patient the best chance for recovery.

We accordingly opened the abdominal cavity, beginning the incision at the site of the wound and carrying it downwards five and one-half inches. We could trace the course of the bullet to the liver. We removed a piece of his vest from the peritoneal cavity, which had been carried in by the bullet. About four ounces of blood was also removed. The wound was dressed antiseptically, and the patient made an uninterrupted recovery, and has been in good health ever since, weighing now about two hundred pounds.

One object in reporting these cases is to call forth the expression of the members as to the best method of proceeding in such cases. All of the older writers and surgeons, with very few exceptions, advocate the old or expectant plan. While this is yet a comparatively new method of treatment I am confident that it will not be long until it has an established position.—*T. Mo. M. Asso.*

Exudative Retinitis in Bright's Disease. — Dr. E. Gruening, of New York, told a recent meeting of the Ophthalmological Society that he had collected over one hundred cases of this affection, and he found that none of them had lived over two years after the diagnosis of retinitis albuminuria had been made. In this class of cases he has included only those in which the typical stellate changes were seen in the maculæ of both eyes. He lately had seen this appearance in the macula of one eye in a patient who presents no evidence of Bright's disease. This was the first time he had seen this exquisite change without signs of renal disease.

ABSTRACTS AND GLEANINGS.

Retained Placenta.— Dr. Hendrick, in a paper read before the New York Medical Association, remarks:

We wish to give our experience, which has been that of the ordinary village and country practitioner, with an obstetric business equal to the average for one-third of a century; and during the past one-quarter of a century we do not recall a case, in our own practice, of the third stage of labor, at full term, exceeding twenty minutes.— unless the time was necessarily consumed in some extra care for the child — and *never* a case of fatal hemorrhage; generally the time occupied from birth of the child to delivery of the placenta has been within ten minutes.

Our custom has been to proceed, without essential delay, by expression, with gentle, guiding traction. Quoting again Playfair, in his advocacy of the Crede method —"that in nineteen cases out of twenty, *without touching the cord*, the bugbear of retained placenta will cease to be a source of dread."

We will add that the same will be true in ninety-nine cases out of the one hundred — and many times better still — by what we may call the Crede and Cazeaux methods combined, which we have essentially practiced for many years. We will give the procedure in detail. We prefer to have the placental end of the cut cord ligated, to retain all the blood, and which may aid in the separation of the placenta. Immediately after tying and severing the cord and due attention to the child, with the woman lying upon her back, wind the cord about one hand and third and fourth fingers — or fingers alone, if the cord be very short — until the hand is brought in close contact with the vulva; the first and second fingers are carried along the upper surface of the cord to the placenta or os uteri, thereby one hand serving all the purposes of two, as illustrated in the traction method of Cazeaux; the other hand over the uterine tumor, its ulnar side deflected, with the fingers carried as well back and around the uterus as possible, while the thumb and thenar eminence serve to antagonize and secure the most efficient possible and uniform grasp of the tumor.

By this time, usually, the womb is ready to respond; and when it responds the grasp is tightened, with a pressure bearing the uterus in the direction of the axis of the superior strait, meanwhile giving direction and slight traction by the cord. At the same time the patient is directed to "bear down," or, what is better, to place the palm of her hand tightly over the mouth and blow against it with all her might, and with it is sure to come the straining effort; and here let it be said and emphasized that pressure by inflation of the lungs — forced inflation — is worth more as an adjuvant expulsive force than all others combined. The leading feature of all, however, is the peculiar, expressive grasp of the uterine tumor, which perhaps cannot be fully told, but must be comprehended by the physician himself—a sort of tactile sense that assures him he is aiding the uterus in its contraction and

expulsion of its contents — a sort of peristaltic squeeze, the position of hand aiding both in excitement and direct expulsion. Usually the work is completed with the first uterine pain, which is greatly encouraged and prolonged by the blowing efforts of the patient. Labor is over and the "bugbear of retention" gone by; but the grasp of the uterus, to prevent hemorrhage, is still maintained, without interruption, for some minutes — longer or shorter according to the tone of contraction; and the dose of ergot at this time is a source of safety. Generally, I would not rely upon it as an aid in the third stage of labor; nor do I give the full dose in the close of the second stage to secure contraction of the womb, as is the custom of some, unless measurably sure of completing the third stage ahead of its specific effect, lest it should bring on spasmodic contraction of the womb, which is one of the fruitful sources of retention of placenta.

One thing should have been mentioned, that is respecting the varied positions of the placenta assumed in the different modes of delivery. In the traction method the root of the cord and fœtal surface appear first; by expression alone generally the maternal surface is expelled first; in natural or unaided expulsion it usually descends by one edge, occupying less space in the os uteri and less room laterally in the vagina. The latter or natural position of the placenta in its descent is quite generally maintained, and nearly always when well balanced aid by expression and traction is combined. Its naturalness recommends it; its success is its advocate.

If with well-directed efforts, by whatever method, the afterbirth is not delivered, when shall we call it retained placenta? and what shall be done? Authors seem to make the time from half an hour to an hour and a half. We believe the latter time long enough to wait. Our experience is confined only to a few cases when called in consultation, when more than this time, by force of circumstances, had elapsed; and artificial delivery, either with or without the use of an anæsthetic, was proceeded with at once with successful terminations,— one of these a cross spasmodic contraction of the whole uterus.

We believe there is nothing gained by delay, as has been done for days and weeks, but much lost. The adhesions seldom diminish. The patient, until the secundines are delivered, cannot repose; she is in a constant state of anxiety; there can be no real advance in recovery. The physician must hold other practice in abeyance to this case; he is harrassed by day and by night by an impending danger from hemorrhage or septicæmia, or both. There seems to be little prospect of gain by waiting. The uterus is in its nearest physiological condition at the time of the birth of the child; its inherent contractility of tissue is then alive to every exciting cause. If there be inertia present, the necessary manipulations will excite and draw the forces of the system to the part and overcome it, while the longer the delay the more tolerant is the womb to the presence of a foreign body; so to speak, it accepts its partial relief by the birth of the child from over distention with satisfaction, and rests itself, unwilling to be disturbed.

We do not intend to pursue the subject of procedure in retained placenta, at term, in this paper to any extent. You may criticise the writer without an extended experience for presenting it, which is just the reason (want of experience) why it is presented. If any one with an extended personal knowledge and practice in cases of retained placenta can point out a better way than to avoid having them, it will be interesting information.

But there is another class of cases of retained placenta, a class of which doubtless we all have had more experience and annoyance than desired, and which might more properly come under another title — treatment of abortion — which we choose to bring under consideration at this time. Unfortunately, the rules for securing the expulsion of the placenta at full term or period of viability do not come materially to our aid here.

It is known that in abortion prior to the close of the second month of gestation the fœtus and secundines are usually expelled together, and if not, the latter are so small as ordinarily not to be a source of much danger even if not interfered with, but subsequent to that time until viability is a period causing the physician a deal of trouble. The placenta compared with the fœtus is proportionally of large size and of close attachment to the uterus, and inclined to adhere, as naively expressed by one of our patrons in a retention case of his wife: "I tell you, doctor, the thing isn't *ripe* yet."

It is rather the rule than otherwise, at this period, that cases are watched and time given them, but both patient and physician are filled with anxiety. There are oft-recurring and dangerous hemorrhages. There are bad odors, sometimes septicæmia, and always danger of it. Seldom is a case permitted to continue without some of these untoward features, while the treatment is apt to be confined to such efforts to obtain the placenta as can be achieved by one or two fingers, and ergot, which seldom succeeds in either bringing away the after-birth or materially checking hemorrhage, and, so failing, further measures are confined to the use of deodorizers, antiseptics, and the tampon is compelled to it, until nature, seemingly disgusted with itself, if not with the doctor, rouses at last and expels the foul offender, or, failing, it passes away in sickening discharges, or possibly it is rarely absorbed.

The writer confesses these delays too much the habit of his own practice in earlier professional life, but of late years I rarely wait a quarter of a day, and often not an hour. Having of late years a business co-partner, hence a colleague easily at hand as an aid, I now proceed at once to remove the placenta artificially. In doing so, administer an anæsthetic, carry the hand into the vagina, remove the placenta. The results have been satisfactory.

Gentlemen, the manner of a majority of these cases coming to us for aid is known too well. The result of criminal practices on the part of parents even in wedlock, or of unfortunate girls under instruction or by the hand of professed abortionists, with the advice that when in trouble call upon a good physician. We sometimes question the responsibility of the physician to respond to such cases, but often we are brought to the bedside unconscious

of the nature of the case until the moment is imminent. Quicker than can the question arise the doctor's sense of duty to human life has decided his action. The question with us here is not what cases it is our duty to attend; but how to do our duty well.

In the resume of our subject concerning the third stage of labor, we would recommend ordinarily (1) that efforts to deliver the placenta should be made within the first ten minutes following the close of the second stage, believing the vigorous uterus more responsive then than at a later period.

2d. That the application of the binder prior to the delivery of the placenta, except in inertia of the womb, and delay when the accoucheur could not remain by the side of his patient, is not only useless, but a hinderance.

3d. That neither mode, of traction alone or expression alone, is the most efficient or desirable means of aiding in the delivery of the after-birth, but if either mode alone is to be adhered to, that of expression has the advantage over traction in being the more efficient in completing this stage of labor, and also in preventing hemorrhage.

4th. That the best method known is the proper combination of the two methods (traction and compression) combined, keeping in remembrance that there is a vast difference between pressing the uterus and compressing or grasping.

5th. Never neglect maintaining the firm grasp of the uterus for a period of some minutes following the descent of the placenta.

6th. That the best treatment of retained placenta is to not have it — but, having it, to proceed with artificial delivery as soon as practicable; better use the most efficient means that can be deemed judicious than to leave the patient with the greater risks of hemorrhage, and a subject of adynamic and ataxic fever.

7th. The best treatment of retained placenta in abortion is to "go for it" as promptly as possible.

DISCUSSION.

Dr. C. W. Brown: I have been much interested in the doctor's paper, and will take up but a very short time. I agree with his methods recommended for the delivery of the placenta, mine being about the same, with an exception that I will mention. As regards the time, I usually, as soon as the child is taken care of, proceed to deliver the placenta without regard to time. I place the left hand over the fundus of the uterus, grasping it as has been described, making a gentle kneading motion, and pressing as much as I am able to on the fundus of the womb. Instead of grasping the cord, my custom has been to follow up the cord, using it as a guide to the nearest edge of the placenta, and then to gradually work under the edge of it to excite contraction of the womb. I wait a reasonable length of time for the natural uterine contraction, and then, when that occurs, use the pressure on the outside and the fingers near the nearest edge of the placenta, and as the womb contracts and the placenta begins to come down I roll it on itself, so that it comes edgewise. Instead of pulling at the center of the cord, like an umbrella towards the wind, I bring it down

rolled up, without reference to the position of the cord. I believe that this is an important thing, and my experience has been that I have had no trouble whatever in delivering the placenta in a large number of cases.

Dr. Elder: I have thought of the matter of delivering the placenta, and I have never had any trouble by retained placenta. There is one thing I have never done, used a forcible inspiration to fill the lungs with air. But I have tried to use forcible pressure. As to winding the cord about the hand and following it up, I have found it to result very satisfactorily.

Dr. Jewett: What has been said is so nearly sound, that retraction would be out of place. I hardly agree with placing a ligature upon the placental extremity of the cord. It would seem to me that it would prevent the placenta from disgorging; it is more bulky and difficult to remove. It seems to me that there is always a great advantage to allow the blood to escape, all that possibly could, from the placenta; you have less to remove, and I think it passes easier. I have never, except in a case where I knew there was a second child, applied a ligature to the placental extremity of the cord.

Dr. Johnson: In addition to the method of removing the placenta in what is called "unbuttoning the placenta," I always, about at the end of twenty minutes before the birth of the child, as near as my experience would allow me to guess at it, administered a dose of ergot to secure the uterine contraction and avoid uterine inertia. I think I have helped the patients in that way and promoted the third stage of labor. I do not know whether it is customary with others or not, but that has been my custom almost invariably. And in my experience of twenty-five or thirty years I have never had a case of retained placenta where it has been retained over twenty minutes or half an hour.

Dr. Hendrick: I deem it perfectly safe always to tie the cord, and sometimes an advantage. Usually it makes no difference. More generally the placenta is detached in the last effort of the uterus, and lies in the uterus; and, if so, disgorgement has already taken place; if not, the tying of the placental end of the cord serves to retain the blood, it is neater so far as the bed is concerned; and it is an acknowledged mode of aiding in the separation of the uterus if there is anything like adhesion; and that is the reason why I would do it. As to the giving of ergot twenty minutes before the expiration of labor and the birth of the child, I would not do it. I would be afraid of retained placenta, if given so early as that. Twenty minutes before the expulsion of the child is a very uncertain period. There may be many long weary hours before the child is born. That sudden action of the uterus is apt to throw it into a spasmodic contraction on the whole body, or an unequal contraction, which is one of the means of causing retained placenta.—*Medical Times.*

Transfusion and Infusion.—Dr. A. Landerer (*Virchow's Archiv*, August 3, 1886) discusses at length the present state of knowledge in the matter of the treatment of blood losses jeopard-

izing life, profound anæmia from other causes, and certain forms of poisoning. His conclusions are based upon the now well recognized dangers attending the transfusion either of blood or of serum, the inadequacy of salt solutions, and the efficiency of a mixed solution of salt and sugar. His experimental investigations in regard to the latter solution were conducted in the Physiological Laboratory in Leipsic, under the supervision of Prof. Ludwig and Dr. Gaule.

The dangers attending the transfusion of blood are illustrated by two cases observed by the author in the surgical clinic. The first of these was that of an eight-year-old boy reduced to the last degree of anæmia in consequence of paralysis of the muscles of deglutition following diptheria. The details of the operation were carried out with the utmost care in accordance with the accepted rules of procedure. After thirty cubic centimetres of thoroughly defibrinated and filtered blood had been thrown into the left median vein, gasping respiration and facial spasm were followed by sudden death. At the post-mortem examination the pulmonary artery was filled with fresh clots.

The second case was that of a young woman suffering with acute anæmia. Here peritoneal transfusion (Ponfick) was performed with full antiseptic precautions, three hundred cubic centimetres of blood being introduced. The patient died of foudroyant peritonitis in forty-eight hours.

The investigations of Alexander Schmidt, Cramer, Edelberg and others have shown that these accidents are due to the development in the drawn blood of fibrinferment, which despite the most careful defibrination is occasionally the cause of fatal change in the blood of the organism into which it is introduced. That this change only occasionally occurs does not militate against the objections to transfusion, because in any given instance it can neither be foreseen nor prevented.

Since Goltz has shown that the immediate cause of death in blood loss is not, as formerly thought, dependent upon loss of hæmoglobin and its result, the deprivation of oxygen, but rather that it is dependent upon certain mechanical conditions, especially a derangement of the blood-vessels and their contents and incomplete filling of the heart with blood, the introduction of some indifferent fluid not injurious to the blood itself, in order to fill the vascular system, became the controlling indication.

For this purpose the 0.6 per cent. alkaline solution of common salt (Kronecker and Sander, *Berlin. Klin. Wochenschr*, 1879, No. 52) has been regarded as possessing the necessary qualities. In fact, as Von Ott demonstrated, animals thus treated after severe bleedings make a better convalescence and repair the loss of red corpuscles and other bloody constituents more rapidly than those in which transfusion with whole or defibrinated blood has been performed.

Furthermore, the transfusion of blood was, even under the most favorable circumstances, followed in almost all cases by fever of longer or shorter duration, usually ushered in by rigors, great mental and physical depression, præcordial distress, frequently by

intestinal disturbance, and occasionally by exanthems — symptoms of the "fibrin-ferment intoxication" of Edelberg.

Efforts to prevent the excessive formation of fibrin-ferments by changes in the methods of defibrinating the blood, as by agitating it with broken charcoal, glass beads, etc., have been without result, nor have attempts to prevent clotting by the admixture of the blood with other fluids led to any practical result.

The author regards with disfavor attempts to prevent coagulation by any admixture of peptone.

A very simple method, yet one not wholly free from objection, consists in a combination of blood transfusion with the infusion of the solution of salt. This expedient meets one of the objections to the transfusion of blood: namely, that the volume of fluid introduced is frequently too small to correct the mechanical disturbance between the capacity of the vessels and their contents. The admixture of two to three hundred cubic centimetres of blood with seven to eight hundred cubic centimetres of 0.6 per cent. salt solution affords sufficient fluid on the one hand and reduces the danger of poisoning by fibrin-ferments. This method of "mixed transfusion" will probably be preferred as less dangerous by those who cannot abandon the view that transfusion is the rational procedure.

The use of various forms of serum is not without risk, seeing that they all, with the single exception of horse serum, contain more or less ferment. Serum is not practicable for the further reason that its preparation is too difficult and tedious.

Other fluids containing nutritive substances, as for example milk, have been found to be attended by direct dangers.

Much can also be said against the infusion of salt solution. In cases of poisoning in which transfusion is required, salt solutions would be clearly inadequate. In fact, the use to replace lost blood of a fluid which is scarcely more than water, without value in nutrition or force, must be looked upon as at best an unsatisfactory and imperfect procedure. This objection — that such a solution acts merely mechanically — is a serious one. In the words of Landerer, "it is as if one were to offer a hungry man a stone instead of bread." Furthermore, it has not been followed in a large number of cases, especially where there has been large blood loss, with the hoped-for result. Nevertheless, we have in salt solution probably hit upon a basis by means of which, with proper additions and modifications, a transfusion fluid meeting the various indications for transfusion under all circumstances may be made up.

The requirements of such a fluid are as follows:

1. It must be absolutely without danger in itself.

2. It must be readily obtainable under all circumstances, so that in case of necessity it may be procured at once.

3. It must contain the greatest available amount of assimilable substances capable of sustaining animal heat and the powers of the organism.

4. It should be of the simplest possible chemical constitution.

The author believes that in a combination of the alkaline salt

solution (0.6 per cent.) with a solution of sugar (one to three per cent.) we have a fluid which fulfills all these requirements.

The conclusions of the author are as follows:

1. Blood transfusion is dangerous and useless.

2. The infusion of a solution of common salt does not in really severe blood loss (more than four and a half per cent.) by any means insure a favorable result.

3. A combined solution of salt and sugar is preferable, because (*a*) it favors and accelerates the natural tendency of the organism to readjustment by favoring the transudation of fluid from the tissues to the interior of the blood vessels; (*b*) it affords the organism a light and quickly assimilable nutrient material; (*c*) it more closely resembles the blood in density than the solution of common salt; (*d*) it raises the blood pressure.

4. The combined solution of salt and sugar may be of use in poisoning by nitro-benzol, chloral hydrate, chloroform, carbon dioxide, etc.

5. In cases of loss of the watery portions of the blood alone, as in cholera, the salt solution may be more available than the combined salt and sugar solution.— *Dr. J. C. Wilson in Med. Times.*

Acute Otorrhœa in Children.— Dr. G. C. Pardee, in the *Paeific Med. and Surg Journal*, says that all that is needed in the way of instruments are an ordinary half-ounce rubber syringe, a little piece of wire, such as a straightened hairpin, and some absorbent cotton. Armed with these simple and inexpensive instruments, a few ounces of a one-per cent. solution of carbolic acid, and a little finely powdered boracic acid, let the practitioner proceed as follows: Let him gently wash out the affected ear with the syringe and the carbolized water, warmed, using three or four syringefuls. Then let him have the nurse take the little patient to the window and allow the sunlight to fall directly into the affected ear, while he carefully and gently dries the canal with a bit of cotton wrapped around the roughened end of the hairpin probe, straightening the canal for this purpose by drawing the concha upward and backward. Then let him have the child placed on its side with the affected ear upward, and let him fill the canal nearly full of the powdered boracic acid, plugging the meatus finally with a bit of cotton. Let him repeat this process a few times at intervals of twenty-four hours, and he will be surprised to find how quickly a recent discharge will cease, and the ear regain its healthy condition. If after a week or ten days' trial he finds, as he seldom will, that the discharge does not decrease in quantity, let him throw aside the "dry treatment" and try the "wet treatment," beginning with a weak solution of nitrate of silver — say five grains to the ounce — gradually increasing the strength if the discharge does not yield. In all cases and under all circumstances, however, he should not forget that here, more than anywhere else, "cleanliness is next to godliness," and that frequent syringing with a warm antiseptic solution is the only way to keep the stagnating and decomposing secretions from irritating the mucous membrane and perpetuating the discharge.—*Epitome.*

Delirium Tremens.—Dr. J. T. Whittaker (*Cincinnati Lancet-Clinic*) says that signs of delirium tremens rarely appear until derangement of digestion is noticed, and the history of most cases shows a gastric catarrh which prevents the absorption of the remedies. Gastric catarrh produces delirium tremens by impairing nutrition. The secret of success in the treatment is to feed the patient properly. A man may drink and continue to drink, and show no delirium tremens. But as soon as vomiting begins, with the other pronounced symptoms of gastric catarrh, the mind begins to waver and the whole nervous system to flag.

But not every drinker suffers delirium tremens. Alcohol is a food in the amount of one gramme to a kilo of weight (fifteen grains to two pounds) in twenty-four hours. The speaker frequently has had occasion to testify as to the testamentary capacity of individuals addicted to alcohol, and has familiarized himself with the subject. Eight grammes to a kilo will kill, and one hundred grammes will produce disease and true delirium tremens in some cases, pretty much always, with the prelude of a gastric catarrh. So the tongue is coated, the breath foul, the bowels constipated, as a rule, throughout the disease.

The secret of success is found when food is given in connection with the treatment of the cases. But the question is how to get food into the body. The gastric catarrh produces vomiting and thereby the food is rejected. If this be the case it is highly important to inject the food into the bowel. Thus the patient is easily nourished by chopped beef and pancreas. To feed the exhausted nervous system is the best way to give it rest.

He had seen many cases of delirum tremens, but never one which required the administration of chloroform. He would, however, not hesitate to resort to it if the necessity arose. As a rule, its use is unjustifiable. He would not hesitate to give bromide of potassium in ℥ ss doses if necessary to secure sleep. He does not consider it more dangerous than common salt. He gives drachm doses every four hours, largely diluted, of course, in hypochondriasis and hysteria.

There is no better food by the mouth than milk. If this be rejected, then recourse must be had to rectal alimentation. The vomiting can be controlled by a dose or two of the officinal morphia solution (U. S. P.) with a drop or two of dilute hydrocyanic acid.

The quickest and best results are obtained by abstention from all anodynes, except, perhaps, the bromides. Steer away from anodynes, but secure sleep by feeding the nervous system. In convalescence nothing is better than hydrochloric acid, five to seven drops, largely diluted before meals.—*The Epitome.*

Menthol.—Under the names of peppermint, stearescence, stearoptene of peppermint, and peppermint camphor, menthol has been known and described since the latter part of the previous century; and tradition has it that to the Japanese and Chinese this substance has been known for centuries. * * * Early in 1880 a large consignment of menthol reached New York, and as the

drug rapidly gained in popularity, the shipments since received have been enormous. In 1881 Dundas, Dick & Co. introduced the now famous cone to successful use in this country, in which enterprise he was closely followed by other houses, until to-day there may be found some thirty makers of cones of diverse grades of purity. A pure menthol should give a clear, colorless fluid when raised to about the boiling point of water. A yellow, pink or blue colored menthol should be rejected, as the cones made therefrom will increase in unsightliness with age, The chief adulterants of the menthol cones of the day are paraffin, salicin, stearic acid and white wax. The cones manufactured by reliable houses being, as a rule, pure.—*S. Casket, in the Druggist Circular, June, 1886.*

Cascara Cordial.—Touching the properties of Cascara Cordial as prepared by Parke, Davis & Co., we extract the following from a paper read before the Medical and Surgical Society of the Kanawha Valley, September 1, 1886, by R. S. Henry, A.M., M.D., Charleston, West Va. In addition to its power of disguising the taste of such bitter drugs as qunine, its gentle laxative properties render it peculiarly well adapted for addition as a corrigent to the many preparations which, given alone for any length of time, tend to interfere with the normal action of the bowels, such as the various preparations of iron and opium, than which no others are more frequently indicated and more used by physicians.

Take, for example, such a preparation as the tincture of the chloride of iron. What physician has not been compelled to desist from its use, even when most strongly indicated on account of the marked constipation it causes? To obviate this objectionable feature of this valuable hæmatic, we may use the following formula, or such modifications of it as may be desirable:

℞ Tinct. ferri chlor.,.....ʒ vj to ʒ xij,
Cascara cordial.....ʒ ij,
Water, q. s. ad.....ʒ iv.

M. Sig.—Teaspoonful, T. I. D.

A very useful formula in the treatment of the anæmia and glandular enlargement of pale, flabby, scrofulous children, is the syrup of the iodide of iron combined with cascara cordial, as fol-

℞ Syrup ferri iod., } aa.....ʒ ij.
Cascara cordial, }

Dose—20 drops in water, T. I. D., increased as required.

Perhaps no drug is more universally prescribed than quinine. When it is desired to produce an immediate absorption of this drug, it is preferable to give it in the form of powder or solution. Its inherent bitterness, however, renders this mode of administration objectionable to most patients. Innumerable vehicles have been tried to disguise its bitterness, with varying success, but we believe none has proven so acceptable as cascara cordial, which has been extensively used for this purpose, and with most gratifying results. To abort an ague fit the following may be prescribed with advantage:

℞. Quiniæ sulphat.....grs. x,
Cascara cordial,.....ʒ ij,
Water.....ʒ j.
M. S.—Take at a draught.

As a prophylactic against malaria, or in all malarial remittent affections, we may combine quinine with cascara cordial as follows:

℞. Quiniæ.....ʒ ij,
Cascara cordial.....ʒ ij,
Water, q. s. ad.....ʒ iv.
M. S.—Teaspoonful three or four times a day; increasing the quinine when indicated.

When it is desired to give the preparations of opium and to antagonise their constipating effect the addition of cascara cordial to the dose of the narcotic will admirably meet the indications. Thus, when it is required to use opium for its abortive effect in the initiatory stages of incipient catarrh of the respiratory tract in the first stages of a cold in the head or cough, we may give:

℞. Dover's powder.....grs. x,
Cascara cordial.....ʒ ij,
Water.....ʒ j.
M. Sig.—At a draught.

The cascara here secures a satisfactory evacuation of the bowel, and thus has a derivative effect on the catarrhal condition, which is further aided by the well-known anti-phlogistic action of Dover's powder.

It is often difficult, when necessary to give opium in some form for a long time, to counteract its repressant action on the secretions, especially on those of the intestines. It not only secures a free painless stool, but acts also as a stomachic, improving the process of assimilation, which are is often at fault in cases of chronic invalidism.

A great objection to some very valuable remedies consists in the disagreeable cerebral symptoms accompanying their administration in large doses, or in cases in which it is necessary to prolong their use for a considerable period. Thus salicylate of sodium, which is so invaluable in rheumatism, must often be stopped at a critical period in the process of the disease, or the dose reduced, on account of the head symptoms developed; cascara cordial will often prevent the development of these toxic symptoms of the drug. The following furnishes a convenient formula for combining the salicylate with cascara cordial:

℞. Sodii salicylat.....ʒ j,
Cascara cordial.....ʒ ij,
Water, q. s. ad.....ʒ iv.
M. Sig.—Teaspoonful in a wineglass of water four times a daily, increasing or diminishing the salicylate as required.

The few illustrations given imperfectly, convey the very wide

range of application of cascara cordial as a vehicle. The requirements of the physician will extend its use to almost all prescriptions needing correction, either on account of their bitterness or tendency to constipate. So many diseases are dependent upon or attended by disturbance of the functions of digestion and assimilation, and especially by interference with the secretory functions of the bowels, and so many valuable drugs, the use of which is indispensable, but serve to increase or perpetuate this tendency, that the application of a vehicle which secures palatableness and at the same time establishes a regular action of the bowels, must come into very general use in the every-day routine practice of a physician.

Treatment of Offensive Diarrhœa in Children.—There is a form of diarrhœa in children, usually occurring after weaning, and from that period to four or five years of age, which is characterized by the most horrible offensiveness of the motions. This is so marked that it is generally at once mentioned by the parents. It is commonly met with in summer, but is not strictly what is known as infantile diarrhœa; in this disease the stools are sour, but not necessarily fœtid. Probably this form of diarrhœa differs from the diarrhœa of younger infants in being caused by the growth of the ordinary bacteria of putrefaction. It is not amenable to treatment by an astrigent, nor has any alterationf o diet much effect upon it.

Dr. James Braithwaite, *British Medical Journal*, however, thinks that it may be successfully treated by disinfecting the bowel contents by means of salicylate of iron, as in the following prescription, which is suitable for a child of two years of age:

℞. Sulphate of iron.....ʒ i,
Sulphate of sodium.....ʒ i,
Glycerin.....ʒ iij,
Water.....ʒ iij.

The iron and the salicylate should be dissolved separately, and the solutions mixed. The color is darker than port wine. and the taste not unpleasant. One teaspoonful must be given every hour, until the stools become blackened, which happens in about twenty-four hours; or a larger dose may be administered at longer intervals. The medicine should then be given every three or four hours, and occasionally a small dose of castor oil, to clear the bowels well out, and to get the secondary constipating effect of the oil.

In hospital practice, and amongst the poor, it is not so successful as it would be if it were possible to remove the child from the family living room, the air of which is usually very impure, and is made worse by the smells incidental to cooking, and the presence of a sink.—*Therapeutic Gazette.*

Constipation.—After the reading of a paper on this subject by Dr. Arthur V. Meigs, at the meeting of the College of Physicians, May 5, 1886, Prof. Da Costa made the following interesting remarks :

A point of particular interest is the occurrence of fever in these cases. I saw the fourth case with Dr. Meigs, and the fact that it simulated typhoid fever so closely is a matter of interest. I have seen a similar case in which there were almost identical symptoms, with an almost identical termination. We see from this case and the others referred to, that constipation may cause fever which is continued and may present the symptoms of a low type.

There is another point connected with the occurrence of constipation in fever to which he did not have occasion to allude; that is to say, sometimes after low fevers in which the state of constipation to which he has called attention occurs, relapse of the fever will be developed by the constipation. We grope around in darkness, wondering what may be the cause, thinking that it is a true typhoid fever relapse, when by giving small doses of oil or of laxatives, both the fever will disappear and the bowels be frequently moved. I have seen this state of things keep up for five or six days; and I think that a good many cases of relapse in typhoid fever have their origin in the very condition to which Dr. Meigs has alluded and to which I now call the attention of the College.

I will go further; I have reason to think that in some of these cases there may be well-developed typhoid fever symptoms with rash, due to constipation, which will disappear when the bowels are moved. I have seen the same thing after remittent fever. It seems to me that the occurrence of constipation after fever, typhoid or malarial, may lead to the re-development of the febrile state, which may be considered a relapse, when in reality it is only the same kind of irritation of the bowels, as in the case cited by Dr. Meigs, producing a fever of low type, when there was not the slightest reason for suspecting typhoid fever.—*American Medical Digest.*

Antiseptic Dressing in Amputation.—The following remarks, on a case by Dr. Thomas G. Morton, before the Pennsylvania Hospital (which we find in the Philadelphia Medical Times), will serve to illustrate the antiseptic method: A patient, a man twenty years of age, was then etherized. After the leg was washed with soap, shaved, and cleansed with bichloride solution, an Esmarch bandage (previously disinfected) was placed on the limb. The field of operation was next uncovered and surrounded with towels wet with the same solution. The knives were kept in the tray immersed in a 3-per cent. solution of carbolic acid. The circumference of the limb was taken at the place where it was intended to divide the bones; the long flap was then mapped out, rectangular in shape, one-half the circumference of the limb; the short flap was one-fourth the length of the long flap. The arteries were then tied with carbolized catgut, and the wound carefully cleansed of all spiculæ of bone or blood-clots; a few catgut threads were introduced as a drain, the flaps brought together with interrupted sutures of catgut, the protective placed over the sutures, and iodoform and bichloride gauze was applied. The whole stump was finally covered with dry absorbent cotton (previously treated

with a solution of bichloride), kept in place with a wet gauze bandage similarly treated with the mercurial solution. The patient was then covered up warm and a bottle of hot water placed to the remaining foot. These dressings will remain undisturbed for three weeks or longer, unless some unexpected symptoms appear calling for earlier interference.

Ingluvin.—Ingluvin is prepared by the far-seeing chemists, Wm. R. Warner & Co., of Philadelphia. It is made from selected gizzards, and is so carefully extracted as to be free from all foreign organic bodies. It is already known and appreciated by the medical profession. The *American Analyst* bespeaks for it the same appreciation by its readers. We extract the following:

Prof. Roberts Bartholow, M. A., M. D., LL. D., in his late work on "Materia Medica and Therapeutics," says:—INGLUVIN. This is a preparation from the gizzard of the domestic chicken—*ventriculus callosus gallinaceus.* Dose, gr. v.—ʒ j.

Ingluvin has the remarkable property of arresting certain kinds of vomiting—notably the *vomiting of pregnancy.* It is a stomachic tonic, and relieves indigestion, flatulence and dyspepsia.

The author's experience is confirmatory of the statements which have been put forth regarding the exceptional power of this agent to arrest the vomiting of pregnancy. It can be administered in inflammatory conditions of the mucous membrane, as it has no irritant effect. Under ordinary circumstances, and when the object of its administration is to promote the digestive function, it should be administered after meals. When the object is to arrest the vomiting of pregnancy, it should be given before meals.—*From the American Analyst, August 1, 1886.*

Sleeplessness.—Dr. J. Miller Fothergill says of sleeplessness: "One broad rule to bear in mind is this: Opium is the agent where insomnia is due to pain; chloral where it is due to a high blood pressure in the arterial system; the bromides where there is any peripheral irritation. Opium, having a pronounced effect upon the sensory portion of the brain is an analgesic, is the drug par excellence in sleeplessness due to pain. Whenever there is a morbid condition in tense tissues, as syphilitic node for instance, pain on going off to sleep is set up by that dilation of the system generally which is essential to brain depletion. The effect of pain is to arouse the brain into wakefulness. Where such a complication exists, it is well to combine the opiate with some potent depressent of the circulation, as antimony or aconite. In many cases a full dose of alcohol is sufficient for the attainment of the desired end."—*Brief.*

Vinegar as an Antiseptic in the Treatment of Diphtheria.—Dr. Engelmaan (*Centralblatt fur Klin. Med.*, No. 14) uses vinegar, either the officinal dilute acetic acid or ordinary cider vinegar, diluted with an equal quantity of water as a gargle, or undiluted applied upon a brush. It is also used in spray diluted once or twice. It is antiseptic, not caustic, and has a more agreeable taste than many of the antiseptics usually employed.—*Medical Times.*

SCIENTIFIC ITEMS.

A Dog's Reasoning.— A recent English writer gives the following interesting example of a dog's reasoning from false premises:

"A Highland shepherd possessed a collie which he had reared from puppydom. He was exceedingly kind to the animal, and it is needless to say that the dog loved him, and was his constant companion day and night. In the Highland hills and glens — up Loch Carron way, where the event I am about to relate took place — snow storms are frequent in winter. It is the shepherd's duty then to look well after his flock, lest any get buried, and, if necessary, to drive them down to the lower land.

"It was with the latter intention that D—— took the hills one day with his dog. It was calm in the morning, but a wild snow storm was raging in the mountain before sunset. It will never be known whether or not the shepherd lost himself; the probability is that he sat down to rest in the lee of a rock, and fell into a deep sleep, from which he awoke no more.

"Next day the dog appeared at the man's cot; he was very excited, and did what he never did before — snatched a bannock from the table, and rushed out with it. The opportunity to follow the dog was not neglected, for collies will often bring assistance to a wounded master who has fallen over a rock or cliff.

"They tracked the poor collie through the snow, up the glen, and over the hills, till at last they found him sitting wofully by the side of his dead master. But the bannock? It was found laid up against the shepherd's cheek, the dog evidently having imagined it was from hunger his master suffered. Many a time and oft had that Highland shepherd shared his frugal meal with his collie — in autumn, when the bloom was on the hills; in winter and in spring, when sleet or rain or snow was borne along on the wings of the fierce, cold winds — and 'Now,' the collie must have thought, 'I must try to do something for my poor master, who lies so chill and still.'"— *Popular Science News.*

Parasites of the House Fly.—In an article on the supposed parasites seen with a microscope on the fly (*Pop. S. News*) we learn that the supposed parasites of the fly are not really parasites at all, as they do not draw any nourishment from his body, but are only travelers, or insect tramps, who have boarded the first available means of conveyance, and are "beating" their way to a locality where food and the conditions of existence are more favorable. These facts readily explain how fresh cheese can become infected with mites, even when carefully placed upon a shelf away from all supposed sources of contamination. A casual fly, alighting upon it, may detach from his body a number of the little insects, sufficient to convert the entire cheese into a scene of most undesirable activity in a very short time. In view of this additional misdemeanor of which the house fly has been proved guilty, it is

not much satisfaction to know that the supposed parasites are not the cause of any harm, or even inconvenience, to the annoying insect upon whom they take passage.

The element fluorine, which has heretofore defied all efforts to isolate it from its compounds, has at last been produced by a French chemist, M. Moissan. It was obtained by decomposing, by an electric current from twenty Bunsen cells, a quantity of anhydrous fluoric acid contained in a plattinum U-tube, at a temperature of —23° C. Hydrogen gas was given off at the negative pole, and was readily recognized; while the other arm of the tube became filled with a gas which was undoubtedly pure fluorine, as the results of an analysis show that it contains no hydrogen. As might have been anticipated, fluorine is extremely active, violently attacking organic substances, and uniting with various elements to form fluorides. Water is decomposed by it into ozone and hydrofluoric acid. The correspondent of the *Druggists' Circular*, to which journal we are indebted for this information, says that M. Moissan was at work upon the problem for nearly a year before his efforts were rewarded by this brilliant discovery.—*Ibid.*

Some years ago a certain Dr. Tanner obtained considerable notoriety by undergoing a fast of forty days, during which time he apparently took nothing into his stomach but pure water. A similar fast of thirty days has just been completed in Italy by a Signor Succi, who claims to have discovered a plant growing in Africa by the aid of which a man can sustain himself without food for weeks, or even months, at a time Although this fast is probably only an advertisement of some patent "nerve food," it seems to have been honestly conducted. Succi took exercise constantly during its continuance, and at the end was in much better condition than might have been expected. It is hardly necessary to remark that such exceptional cases are not to be considered as indicating the capacity of the average man to endure starvation, but simply as feats of remarkable endurance, of little or no scientific value.—*Popular Science News.*

At the Cape of Good Hope, near Table Mountain, the clouds come down very low and then disappear without dropping in rain. At sueh a time, if a traveler should go under a tree for shelter from the threatening storm, he would find himself in a drenching shower, while out in the open space, away from any tree or shrub, everything would be as dry as a bone. The cloud or mist is rather warmer than the leaves, and so, when it touches them, it changes into clinging drops, which look like dew. Fresh drops keep forming; they run together; and, at length, the water drips off the leaves like rain. And this process goes on until the clouds lift and the sun comes out again.—*Ex.*

Nickel Poison.—An order has been issued in lower Austria forbidding manufacturers and tradesmen to sell nickel-plated cooking vessels. It is stated that vinegar and other acid substances dissolve nickel, and that this, in portions of one-seventh of a grain, causes vomiting, and is even more poisonous than copper.—*Sanitarian.*

PRACTICAL NOTES AND FORMULÆ.

Dysentery—

Vin. ipecacuanhæ, *m.* j, every hour, in water, for dysenteric diarrhœa of children.—*Medical World.*

℞. Hydrag. perchloridi.....gr. j
Ammonii chloridi.....gr. j
Tinct. hamamelis.....ʒ jss
Aq. dest.....Oj

M. S.—One teaspoonful every hour, when there is much sanious discharge.—*Ibid.*

℞. Magnes. sulphat.....ʒ vj
Acid sulph. arom.....ʒ ij
Aq. des.....ʒ viij

M. S.—One-sixth part every four hours; and pulv. ipecac. co., gr. viij, at bedtime.—*Ibid.*

℞. Tr. capsici.....ʒ ij ss
Tr. ferri perchloridi.....ʒ ij ss
Aq. dest., ad.....ʒ ij

M. S.—One teaspoonful in wineglassful of water when craving for liquor occurs.—*Ibid.*

℞. Chlorat. hydrat.....ʒ jss
Potass. bromidi.....ʒ ij
Sp. ætheris sulph. co.....ʒ ij
Tr. valerianæ.....ʒ iij
Aq. dest., ad.....ʒ vj

M. S.—One tablespoonful every two or three hours, in commencing delirium tremens.—*Ibid.*

Wizard Oil.—Dr. Douglas (in *Medical World*) writes that the following is a fair analysis of Hamlin's Wizard Oil. The formula dates back to 1866, and hence is not a new discovery. It is a perfect fac-simile:

℞. Alcohol.....1 pint
Gum camphor.....1 oz.
Oil sassafras.....½ oz.
Tr. myrrh.....½ oz.
Tr. capsicum.....½ oz.
Aqua ammonia.....½ oz.
Chloroform.....½ oz.

M. S.—I regard this recipe as harmless (and useful too) as Hamlin's famous Wizard Oil, and I believe it is as perfect an analysis as we can get.

EDITORIALS AND MISCELLANEOUS.

OUR JOURNAL FOR 1887.

Four Pages of Reading Matter to be Added, and the Day of Publication Changed.

The present number closes the sixteenth volume of the SOUTHERN MEDICAL RECORD, and though many of our readers seem to have forgotten us in the matter of remitting their subscriptions, we have faith that they will soon attend to this little matter—small to them but important to us who must now meet the many demands of the hard and laborions year now closing. To the journalist the names of his subscribars become so familiar that they seem as intimate personal friends with whom he is accustomed to meet and talk in the daily and social walks of life. We, therefore, extend to each and every one of our readers our fraternal regards as medical men, and the cordial greetings of the season.

And we are gratified to add, that our arrangements for getting out the RECORD the ensuing year are much more satisfactory than heretofore Four pages of reading matter will be added to the journal, and each number will hereafter be promptly issued on the first of the month, instead of the 20th as heretofore except the next (January) number, which will be necessarily delayed a few days.

Satisfactory arrangements have also been made for original contributions, and great care and attention will be given to the selections and gleanings, so that our readers will be supplied with a brief of all that is useful and practieal in the home and foreign journals. Our aim will be to furnish such an epitome of the medical literature of the World that a careful reader of this one journal will be fairly posted and well up with all the advances in medical science. That we may do this with less labor, and more efficiently, we ask our readers to help us by promptly renewing their subscriptions, paying old arrearages, and by using their influence tc extend the circulation of the RECORD.

EDITORIAL BREVITIES.

WE observe that the article on Duodeno-Cholecystostomy contributed by Dr. J. McF. Gaston, of this city, to the Reference Handbook of the Medical Sciences, has been translated and republished, with the illustrations, in the Journal de Medicine of Paris. It may be noticed, in connection with this recognition of Professor Gaston abroad, that he has recently performed a nephrotomy and removed two urinary calculi from the opening of the ureter, and, on the 25th of November, he ligated the femoral artery below scarpa triangle in a case of popliteal aneurism.

KIND WORDS.—We get many compliments from the appreciative readers of our journal, which serve to encourage us greatly. In a letter received from Dr. E. P. Overby, of Georgia, he says of the RECORD: "One of the best journals

I ever saw." And away over in Oregon, Dr. W. A. Cusic writes: "The RECORD is one of the limited number of medical journals which is uniformly and always good." Dr. W. N. Mahan writes: "The RECORD comes nearer filling the every-day wants of the physician than any journal I have ever read," etc.

LIBERAL OFFER.—Every subscriber who, on renewing his subscription for 1887, will send us a new subscriber will be allowed club rates; or, for $3 we will send the RECORD one year to himself and his friend. We hope our readers will bear this proposition in mind. If everyone will use a little effort in this way he can reduce his own subscription, and, at the same time, do us and himself a service by enlarging our list and enabling us to improve the RECORD, in which he, as a reader, is interested. Friends, don't forget this.

IMPERIAL GRANUM.—We indorse the following remark by one of our exchanges: *A Food that is Medicine.*—Some years ago our attention was called to the value of Imperial Granum as a food particularly serviceable to children and to all who suffer from disorders incident to mal-assimilation. We were then able to praise it very warmly, and now, after many years, we are able, with increased confidence, to renew our commendation of it to our readers. The principle on which it is prepared is good, and the effects from its use, we have observed, have been excellent.

LUNATIC ASYLUM.—We are in receipt of a copy of the Report of the Trustees and other officers of the Lunatic Asylum of the State of Georgia, at Milledgeville, from October 1, 1885, to October 1, 1886.

The following are its officers: Superintendent and Resident Physician, Dr. T. O. Powell; First Assistant Physician, Dr. J. M. Whitaker; Second Assistant Physician, Dr. Harris Hall; Third Assistant Physician, Dr. L. M. Jones; Fourth Assistant Physician, Dr. M. H. O'Daniel; Apothecary, P. A. West; Steward, L. J. Lamar; Assistant Steward, G. W. Hollingshead; Secretary, Fleming G. Grieve; Matron, Mrs. J. M. Darnell; Treasurer, Thos. T. Windsor; Chaplain, Rev. A. J. Beck.

From the report of Dr. T. O. Powell, the faithful and efficient superintendent, we extract the following interesting items:

There were present, October 1, 1886, white male lunatics, 353; white male epileptics, 48; white male idiots, 15—total white males, 416. White female lunatics, 412; white female epileptics, 40; white female idiots, 20—total white females, 472—total whites, 888.

DR. BATTEY AT THE ATLANTA SOCIETY OF MEDICINE.

On Friday evening, 3d instant, a special meeting of the Atlanta Society of Medicine was called for the purpose of listening to an address by Dr. Robert Battey, of Rome, Georgia, who is an honorary member of the Society. A large and highly respectable representation of the profession of Atlanta and of neighboring towns, together with a sprinkling of medical students, made up the audience. The subject of the address, as announced, was "The Present Aspect of Battey's Operation;" but the orator treated his theme rather from an historical than from an argumentative point of view. To a portion, at least, of his listeners this was a source of disappointment, for, while the address was

entertaining, it lacked that instructive element which would have been involved in a full exposition of the indications for the operation, the manner of its performance, and the results to be attained by it. The consequence was that those gentlemen who hoped to add to their store of medical knowledge by receiving from first hands the results of Dr. Battey's study and experience, were obliged to content themselves with an autobiographical sketch of the distinguished speaker, in so far as his history is involved in that of Battey's Operation.

After alluding to the bitter opposition which his operation encountered on all hands at the outset—an opposition which took the form of threats of personal violence, and of legal prosecution—he described, by way of contrast, the universality of the adoption of his teaching at the present day. In speaking of the field for the operation, he gave three questions whose affirmative answer in any given case will alone justify removal of the ovaries; they are: 1. Is this a grave case? 2. Is it incurable by the resources of medical art within reach of the patient? 3. Is it reasonable, physiological, rational to believe that extirpation of the ovaries will cure this case? Without an affirmative answer to all these questions the case is not one for Battey's Operation. The speaker stated that it is his custom to remove the tubes only when they are diseased, and ridiculed the fallopian theory of menstruation—dismissing it with the assertion that "nobody sustains this view at the present day." He advocated a rigid adherence to antiseptic methods, taking the ground that, if they do no good, they can do no harm. He attempted also to strengthen his position on this point by calling attention to the marked diminution in the mortality from ovariotomy, coincident with the introduction of antiseptic methods. He overlooked, however, the fact that this remarkable reduction of mortality was also coincident with the abandonment of the clamp and the substitution of the intra-peritoneal treatment of the pedicle, and that the improved results occurred equally in the hands of those who did and those who did not accept the teachings of Lister. It is interesting to notice how persistently this well-known fact is ignored by the advocates of antisepsis.

The speaker dwelt particularly upon the importance of limiting the operation to the inmates of institutions established for this purpose. It is only in such places that the conditions necessary to success can be found. Operation at a private residence, operation by the general practitioner, operation by one who has not had large experience in such cases, is "bad policy, bad humanity, bad morality." It is probable that this point was more strongly emphasized than was intended, since a rigid adherence to the restrictions laid down would confine the operation to the hands of its originator.

Such were the main points of the address. Taken altogether the occasion was an interesting and profitable one. It is to be hoped that this new feature of special meetings for occasions of extraordinary interest may become a permanent one in the conduct of the Atlanta Society of Medicine. By this addition to the good work which the Society has already done in Atlanta, its power for usefulness will be much increased and its permanency and success more firmly established. H.

THE FORCE OF CHARACTER.

As a man nears the boundaries of Time it seems that the years pass with accelerated swiftness, and, often, he finds himself looking sorrowfully back upon the Past, because he has not done more good, and his heart yearns to accom-

plish all he possibly can to benefit Hu nanity before he finally and forever puts off the corruptible for the incorruptible. So, as I go down the decline of years, I feel more and more constrained to lift my voice, however feebly, in advocaey of all that ennobles and truly greatens my fellow-creatures, especially the young men of the noble profession whose unworthy representative I have been from my early youth.

With this object in view, I hope my professional readers will permit me, from time to time, to briefly discuss, in the editorial pages of the RECORD, some thoughts upon subjects that my long experience has taught me will make my fellow-man better, happier, and more honored and beloved in whatever sphere of life he may move.

It is conceded by all thinking men that true greatness must be built upon Goodness, and without this solid basis the most dazzling structure of fame or reputation is insecure, and at any time may be overthrown by the breath of the world's condemnation. Goodness gives its tone, its unmistakable ring, to a man's principles; his principles form his character, mold his life, and fashion the weapons with which he will carve out his career in coming years.

Young men especially should never forget that it is of very great importance to them to enter upon the active duties of life with true exalted notions of Character, and that the living out these exalted ideas will bring happiness, honors, dignity, legitimate prosperity, and ultimate success. A man, whatever may be his profession, who is "great in goodness and good in greatness" is no less than a benediction to every soul with wh ch he comes in contact, and by the immutable law of reactionary force, as he gives of himself to bless his fellow-man, he receives in return perhaps a hundred fold.

It is said that "there are two principles by which men act upon the minds of their fellow-men, to wit, power and influence. Power is mostly exerted in the shape of authority, and is limited in its sphere of action. Influence has its lever in human sympathy, and is as boundless in its operation. When rightly directed, it is, in its nature, its action and results as superior to the other as the spiritual to the animal—as mind to matter. If there were any doubt which of these principles most contributes in the formation of human character, we have only to look around us. We see that Power, while it regulates men's actions, cannot reach their opinions; it cannot modify disposition, nor implant sentiment, nor alter character. All these things are the work of Influence. Men frequently resist Power, while to Influence they yield an unconscious acquiescence."

It has been truly said that a man achieves his greatest triumphs, not by express commands but by a thousand indirect influences emanating from the spirit of those rather than from the letter. Truth, Consistency, Simplicity, and Benevolence or Love are qualities especially needed in the character which is to exert a wholesome and happy influence upon others. Truth engenders faith and trust; "Consistency of character is consistency of action with principle, of manner with thought, of self with self. It is moral repose; it invites confidence; it awakens veneration for the source of all virtue and a trust in the origin of all truth." Simplicity, or single-mindedness, is the opposite of Hypocracy. It never assumes to be what it is not; it never dissembles nor makes a man utter sentiments as h's own, which his heart and conduct do not approve. Love or benevolence is the mainspring of all noble character. It is the fulfilling of the Divine law—that inspiration of every code, moral or civil, that has incorporated in its structure, the well-being of our fellow-men. In every condition,

however humble in life, there are opportunities for its exercise, and it is this that gives to a man's life and character the delicate aroma of a fragrant flower.

Among the duties of a physician there is ample scope for the expression of this Divine feeling of the heart, and I am glad to know that in the medical fraternity there are recorded so many instances of benevolence, love, and self-devotion to the cause of Humanity. The profession of medicine itself is God-like in its character, and cannot we—old, middle-aged, and young—endeavor to make our own character beautifully harmonious with that of our profession, and have our hearts so full of good and great purposes, our lives so illumined with noble deeds, that when, at last, we are called up higher, our memory on earth will be like a "Glorious sunset that's golden to the last, and when 'tis over shines in the witnesses it leaves behind?" T. S. P.

BOOKS AND PAMPHLETS RECEIVED.

The *Magazine of American History* closes its sixteenth volume with an exceptionally bright and readable December number. The vigor and grace with which this periodical moves forward in its well-regulaed and prosperous course, inspiring fresh love of country with every monthly issue, is a source of pride to the American people. The frontispiece this month is an admirable portrait of Major-General Halleck, made expressly for this magazine from the painting in possession of General George W. Cullum; it accompanies a paper of surpassing interest to all classes of readers, entitled "Misunderstandings; Halleck and Grant," by General James B. Fry. "The Swamp Angel," the name given to the gun which in 1863 was used in firing on Charleston, is the title to a notable paper by William S. Stryker, adjutant-generel of New Jersey, illustrated with portraits of the officers on that occasion, and other pictures; and General Lec concludes his interesting series "From Cedar Mountain to Chantilly." John Gilmary Shea, LL. D., contributes a short paper on "Beaujeu and Fort Du Quesne;" and Hon. Horatio King writes of "Lincoln and McClellan." The departments are crowded with choice entertainment. This magazine is giving to authentic history the life, animation, interest and intensity it has long needed. $5.00 a year in advance. Published at 30 Lafayette Place, New York City.

Outline of the Pathology and Treatment of Syphilis and Allied Veneral Diseases. By Hermann Von Zeissl, M. D., late Professor at University of Vienna. Seeond edition, revised by Maximilian Von Zeissl, M. D., Private Docent for diseases of the skin and syphilis at the Imperial Royal University of Vienna. Authorized edition; translated with notes by H. Raphel, M. D., Attending Physician for diseases of the Genito-Urinary Organs and Syphilis, Bellevue Hospital, out-patient department, etc. New York: D. Appleton & Co. 1886.

The above work of 402 pages is "a treatise on syphilis by one who has devoted his entire life to the study of this disease, and whose experience is the result of observation and treatment of upward of thirty thousand patients, in private practice and in the wards of the Allgemeine Krankenhaus of Vienna." It is regarded as a work of great research and ability, and eminently practical.

Of the deaths, there occurred 14 from exhausted mania, 13 from epilepsy, 7 from marasmus, 6 from consumption, 4 from apoplexy, 5 from old age, 3 from dropsy, 3 from heart disease, 3 from paralysis, 2 from convulsions, 2 from diarrhœa, 1 from cancer, 1 from inflammation of the stomach, 1 from anæmia, 1

from nervous exhaustion, 1 from erysipelas, 1 from congestion of the kidneys, 1 from chronic exhaustion.

There were, also, colored male lunatics, 126; colored male epileptics, 30; colored male idiots, 10—total colored males, 166; colored female lunatics, 170; colored female epileptics, 12; colored female idiots, 2—total colored females, 184—total colored, 350.

Of the deaths, there occurred from exhausted mania 13, consumption 8, apoplexy 4, epilepsy 5, paralysis 3, softening of brain 2, marasmus 2, chronic diarrhœa 2, heart disease 2, old age 2, dropsy 1, pneumonia 1, diarrhœa 1, convulsions 1, scrofula 1, general dropsy 1, congestion of the brain 1, continued fever 1.

Transactions of the Medical Association of Georgia, Thirty-seventh Annual Session, held at Augusta, April, 1886.

The book is of somewhat larger size than usual, containing 376 large octavo pages; the binding is neat and beautiful, but it would seem unnecessarily expensive, especially as we are therein told by the Chairman of the Publishing Committee that a number of papers are omitted and the size of the book is limited by deficiency of funds in the hands of the Treasurer. The paper of Dr. Theo. Lamb, of Augusta, is omitted because it was published in a medical journal, and yet the address of Dr. Nunn is included in the book though it also was published in the Atlanta Medical Journal. Dr. Logan's paper was also published in the Atlanta Medical Journal but does not appear in the book of Transactions, for the reason, we are told, it was not furnished the committee; yet it was read and discussed in the Association! It would seem, and has been so understood, that all papers read before the body become the property of the Association, and that the President's address should be subject to the same rule, as to publication in a medical journal, that pertains to other papers. The fact that a number of papers have been omitted, it strikes us, must prove rather unpleasant to the medical brethren who are the authors of them, and the discrimination which enabled the committee to decide upon those which were entitled to the honor of publication must have been exceedingly delicate and embarrassing. We have not space in the present issue for comment upon several valuable papers which the book contains.

Physician's Visiting List, 1887. (Lindsay & Blakiston's.) Now ready. Thirty-sixth year of its publication.

Contents: Superior Lead Pencil; Calendar for 1887 and 1888; Marshall Hall's Ready Method in Asphyxia; Poisons and Antidotes; a Description of the Metric or French Decimal System of Weights and Measures; Dose Table; Disinfectants and Disinfecting; Examination of Urine, prepared by Dr. Judson Daland, based upon Prof. James Tyson's "Handbook for Practical Examination of Urine"; List of Standard Reference Books; Incompatibles; Table for Calculating the Period of Utero-Gestation; List of New Remedies; Sylvester's Method for Artificial Respiration, illustrated; Diagram of the Chest.

NEW FEATURES.—A glance at the above contents will show several new and practical features that have been suggested by our experience, or by those who have used the Visiting List for many years. These additions have been made, however, without increasing the size of the book and without altering its character or general arrangement.

SIZES AND PRICES.—Regular edition: For 25 patients weekly, $1; for 50 patients, $1.25, 75 patients, $1.50; 100 patients, $2; 50 patients weekly, 2 vols. (January to June—July to December), $2.50; 100 patients, 2 vols. (January to June—July to December), $3. Interleaved edition: For 25 patients weekly, $1.25; for 50 patients, $1.50; 50 patients, 2 vols., $3. Perpetual edition, without dates, can be commenced at any time and used until full: For 25 patients, interleaved, $1.25; for 50 patients, $1.50.

This Visiting List can be bought through any bookseller, or, upon receipt of the price, we will send it, postpaid, to any address. Send for our complete Catalogue of Medical Books.

P. BLAKISTON, SON & CO.,
1012 Walnut street, Philadelphia, Pa.

RECEIPTED.

1886—W. P. Shelley, to April; A. A. Lyon, J. W. Plummer, B. F. Chambliss, S. R. Mitchell, C. L. Clawson, James Odeon, J. B. Payne, to July.

1885—F. M. Rushing, James Reed, P. L. Minor, J. S. Porter, S. Camden.

1887—J. R. Reeve, T. T. Simons, R. S. Kendell, J. T. Newell, S. R. Sampson.

SPECIAL NOTICES.

Coca Cordial.—The Coca Cordial, as prepared by Parke, Davis & Co., is an excellent preparation. Physicians may obtain on application a circular describing fully the Coca Cordial and its application. Address Parke, Davis & Co., Detroit, Michigan, or 60 Maiden Lane, New York. See also advertisement of Cascara Cordial as found on cover page of this journal.

Colden's Liquid Beef Tonic is undoubtedly a superior preparation. It is highly nutrient, and is a tonic of superior merit. It is excellent as a substitute for beef tea and may be used with good effect in low states of the system where ordinary foods are distasteful and where the digestive powers are weak. An advertisement of this excellent preparation may be seen in another part of this journal. Be sure and examine it.—Editor.

Bromidia.—In the decline of life when exhausted nature habitually repels the restorative influence of sleep, there is nothing so suitable to induce healthful repose as one half to one teaspoonful of Bromidia at bedtime. It may be taken for years in the same dose, with the same effect and without detriment.

"Can Safely Recommend Tongaline for Asthma."—"My wife is a sufferer from Asthma, and, having a severe headache during one of her attacks, I gave her a dose of Tongaline and was surprised to find the former trouble was also relieved. Subsequently I used Tongaline for her several times when suffering from an attack of Asthma, with immediate relief in every instance. I prescribed it for Mr. Jos. Black with similar results. *I can safely recommend Tongaline for Asthma.*"

J. L. GRANT, M.D., Carrollton, Mo.

Carnrick's Soluble Food.—I think this food is worthy of attention on the part of the profession.

It recommends itself in that it contains caseine, rendered soluble by pancreatine, starch converted into dextrine and maltose. Hence it requires but little preparation, and that is so simple, mistakes cannot occur.

It requires no addition of milk.

It has the advantages and none of the disadvantages of the many foods now in the market, and forms a nearly physiological substitute for mother's milk.

Very truly, C. F. DENNY, St. Paul, June 1, 1886.

Lacto-Peptine.—Reports of the excellency of this preparation continue to come up from the ranks of the Profession. It is adapted to all phases of indigestion, and is especially recommended in summer complaints of children, teething, diarrhœa, dysentery, cholera infantum, etc. It is prepared by the New York Pharmacal Association. This excellent establishment keeps an advertisement in this journal.

Mellin's Food is a dry powder made from wheat and malted barley. By a careful, scientific process the indigestible portions of the grain are extracted, and the entire starch property is converted into dextrine and grape-sugar by the action of the malt diastase. Thus the greater part of the work of digestion is performed before the Food reaches the stomach.

Private Infirmary for Females.—This Institution, located on South Pryor street, Atlanta, Ga., presents peculiar advantages for ladies suffering from any uterine trouble. Drs. TALIFERRO and NOBLE are provided with all needed apparatus and facilities for treating the most grave and difficult cases, and have had long experience and great success in this specialty. Private practitioners who have not the time or the facilities for treating such cases may confidently recommend their patients to this institution. See advertisement in this journal.

Pil. Digestiva.—The Pil. Digestiva of Wm. R. Warner & Co., containing *Pepsin, Nux Vomica, Ginger and Sulphur*, is an admirable compound. This combination is very useful in relieving various forms of Dyspepsia and indigestion, and will afford permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted. As a dinner pill, Pil. Digestiva is unequalled and may be taken in doses of a single pill, either before or after eating.

The many acknowledgments which have been received from the Medical Profession respecting the efficacy of these pills and their extensive use, is simple evidence of superior properties in cases where such a medicine is indicated.

Sharp & Dohme.—Among the best and most reliable Drug Houses in the whole country is that of SHARP & DOHME, of Baltimore. They are Chemists and Pharmacists of a high order. Their Fluid and Solid Extracts, their Elixirs, Syrups, Dialysed Iron, Saccharated Pepsin, and Chemicals of every kind are excellent. See their advertisement on second cover page.